Note: Please fill out completely.

National Business Center Department of the Interior OS/OST Vendor Updating Document

Date:										
				1	Attention:					
					Phone # FAX					
From:							Vend Ty	-		
Fax:									eral Gov	
Phone:								(S) Stat	e Gov	
M I II								(N) Priv	ate Secto	r
vendor # :	(If already entered in FFS)							(E) Emp	oloyee / In	terns
	(if already entered in FFS)									vitational Travelers
Duns # :							-	(I) Imp	rest Cash	ier
Vendors			24 char	actors m	ax per line inclu	idina enaces				
	endor Name				•	• .				
V	DBA:								-	
	<i>DD/</i> (The name should b	e exact	lv as it was is	sued on vou	r TIN / FIN)		_	
	TIN / EIN #				or	SSN #	*			
			Required					Required		
Add	dress Line 1:									
Add	dress Line 2:						1099 Vendor:	Yes	s	No
Add	dress Line 3:						E-Mail Address	s:		
Add	dress Line 4:					Te	elephone Numbe	r:		
	С	ity		State	Zip					
Employee / Volu	inteer / Interns	i	24 char	acters m	ax per line Incl	uding spaces				
/ Invitational Tra										
Emp	loyee Name:								_	
		(Na	ame should be exa	ould be exactly as it appears on ye			our Social Security Card)			
	SSN #:						Home Org Code	e:		(4 digits for OS)
Address Line 1.			Required					Requi	red	(6 digita for OCT)
Aut	dress Line 1.									(6 digits for OST)
Add	dress Line 2									
Add	dress Line 3									
Auc	dress Line 4:	City		ate	7in					
E N	Aoil Address:	•			Zip	T	alanhana Numba			
□-IV	nali Address.					16	elephone Numbe	···		
ACH Bank Inforr	mation (Requi	red \	Finar	cial Inc	stitution Info	rmation	Ch	eck if new		
	r Requested:	•	(to follow via fax				t Type: Checking		Savings	
			(to follow via fax			Account	t Type. Oncoming		_oavings	
	ank Address:								_	
De	·	••					 -		_	
		ity			State		Zip			
	ACH Coordina	tor Name:							_	
	I	elephone:							_	
	Ban	k Contact:							_	
	ne Digit Routin	g Number: _							_	
De	positor Accoun	t Number:							_	
Г	Denositor Acco	unt Title								